

DHS/Mental Retardation/Developmental Disabilities Administration

Transmittal Letter No.

Location:

Distribution:

**SUBJECT: Rights of Persons with Mental Retardation and/or Developmental Disabilities to the Provision of Services and Supports in the Most Integrated Community Setting**

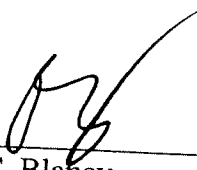
**Date:** November 1, 2001

This policy provides principles, guidelines, and procedures to assist persons who are consumers of Department of Health Services, Mental Retardation and Developmental Disabilities Administration (DHS/MRDDA) to obtain services and supports in the most integrated community-based setting that is most appropriate to the needs of the individual.

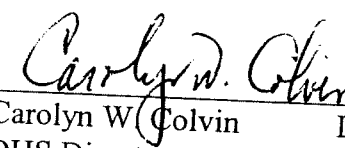
This policy applies to all employees of the Department of Human Services, Mental Retardation Developmental Disabilities Administration (DHS/MRDDA) and all individuals and agencies that provide services or supports to persons with mental retardation and/or developmental disabilities through funding, contract or provider agreement with the District of Columbia. All paid staff, subcontractors and consultants of such agencies, and volunteers or other persons recruited to provide services and supports on behalf of the persons with mental retardation and other developmental disabilities, are subject to the requirements of this policy.

Revisions:

Amendments:

  
\_\_\_\_\_  
Bruce C. Blaney  
DHS/MRDDA Administrator

10/31/01  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Carolyn W. Colvin  
DHS Director

11/27/01  
\_\_\_\_\_  
Date

DHS/Mental Retardation/Developmental Disabilities Administration

POLICY AND PROCEDURE

Transmittal Letter No.

Supersedes

Manual Location

**SUBJECT: Rights of Persons with Mental Retardation and/or Developmental Disabilities to the Provision of Services and Supports in the Most Integrated Community Setting**

CHAPTER

NUMBER:

**I. PURPOSE**

This policy provides principles, guidelines, and procedures to assist persons who are consumers of Department of Health Services, Mental Retardation and Developmental Disabilities Administration (DHS/MRDDA) to obtain services and supports in the most integrated community-based setting that is most appropriate to the needs of the individual.

Further, this policy establishes criteria for the use of nursing homes, and sets forth the expectation that nursing home admission and continued stay will only occur after due consideration of medical necessity and when the person's need for nursing care cannot be addressed through implementation of home-based and community services or an Intermediate Care Facility/Mental Retardation with nursing staff.

**II. SCOPE**

This policy applies to all employees of the Department of Human Services, Mental Retardation Developmental Disabilities Administration (DHS/MRDDA) and all individuals and agencies that provide services or supports to persons with mental retardation and/or developmental disabilities through funding, contract or provider agreement with the District of Columbia. All paid staff, subcontractors and consultants of such agencies, and volunteers or other persons recruited to provide services and supports on behalf of the persons with mental retardation and other developmental disabilities, are subject to the requirements of this policy.

### III. AUTHORITY

The authority of this policy is established in D.C. Code §7-1301 et. seq.; *Evans v. the District of Columbia*, June 14, 1978; and *Evans v. Williams*, 35 F. Supp. 2d 88, 97 [D.D.C, February 10, 1999. DC Code 2-137: 2001 Plan For Compliance and Conclusion of *Evans v. Williams*; DC Code, Title 6, PL. 93-112, Human Rights Act of 1964. [Get citation for Abuse and Neglect Statute]

### IV. DEFINITIONS

**Community Residential Facility (CRF) or Group Home for Mentally Retarded Persons (GHMRP):** A residence that provides a home-like environment for at least four (4) but no more than six (6) related or unrelated individuals with mental retardation or other developmental disabilities who require specialized living arrangements, and that maintains necessary staff, programs, support services and equipment for their care and habilitation.

**Home:** Refers to the house, apartment, condominium, or other place in which the individual lives in the community, including those owned or rented by the consumer, or residential facilities licensed by the District of Columbia. Homes can include, but are not limited to, independent living situations, the family home of the consumer, Community Residential Facilities (CRF), Intermediate Care Facilities, Mental Retardation (ICF/MR).

**Individual Support Plan (ISP):** A written statement developed by a planning team chosen, whenever possible, by the individual with developmental disabilities or his/her guardian. The ISP serves as the single document that integrates all supports a person may receive irrespective of where the person resides. The ISP integrates the Plan of Care (POC) required by the District of Columbia's Home and Community Based Waiver (HCBS), and the POC required by Medicaid for nursing homes. The ISP presents the measurable goals and objectives identified as required for meeting the person's preferences, choices, and desired outcomes. The ISP also addresses the provision of safe, secure, and dependable supports that are necessary for the person's well-being, independence, and social inclusion. For the purposes of this policy, Individual Support Plan (ISP) and Person Centered Individual Support Plans (PCISP) are interchangeable.

**Individual Supports:** Provision of supports that maintain skills and/or prevent the loss of skills and assist a person to achieve outcomes in rights and dignity, individual control, community membership, relationships, personal growth and accomplishments, and personal well being, including those that are part of a comprehensive set of residential and work/day services.

**Intermediate Care Facility/Mental Retardation (ICF/MR):** A home or facility for up to eight (8) persons with mental retardation and/or developmental disabilities certified by the D.C. Department of Health to provide habilitative and health services

under federal healthcare regulations [Verify ICF/MRS can legally serve people with other developmental disabilities.]

**Most Integrated Setting:** Settings, modes of services, and styles of living or working that are most similar to and most integrated with what is typical and age-appropriate in the community, which interfere the least with the individual's independence, and promote the opportunity to actively engage with other citizens who live or work in that community.

**Nursing Home:** An institution (or distinct part of an institution), which provides skilled nursing care and related services for residents who require medical or nursing care, rehabilitation services for the rehabilitation of injured, disabled or sick persons, or on a regular basis, health-related care and services to individuals who because of their mental or physical condition require care and services which can be made available to them only through institutional facilities, and is not primarily for the care and treatment of mental diseases.

**Residential Supports:** Routine provision of services or assistance at home and in the community in accordance with the Individual Support Plans (ISP), that are designed to foster rights and dignity, individual control, community membership, relationships, personal growth and accomplishments, and personal well being (health, safety, and economic security). Residential supports can be provided in the consumer's home or a home maintained by a residential provider. Examples of residential support include but are not limited to; overnight staff or staff that check in with the consumer at a specified time, or a 24-hour call line available to a consumer to assist with issues that may arise after business hours. Residential supports may be provided on a 24-hour basis or for less than twenty-four (24) hours.

**Work/Day Supports:** Refers to the routine provision of services and assistance provided in accordance with a person's ISP that are designed to help the individual obtain or maintain paid employment; to foster vocational skills to assist in the movement toward paid employment; to support retirement activities; or to assist the individual to gain the social and leisure skills necessary for increased presence and independence in the community.

## V. POLICY

Services and supports for consumers of DHS/MRDDA shall be offered in the most integrated community setting appropriate to the needs of the individual. The planning process shall be person-centered and start with the assumption that all individuals can live in the most inclusive setting possible and that services and supports should foster community integration in housing, work or education, and social and spiritual life. Services and supports shall provide meaningful assistance to the individual in acquiring and maintaining those physical, mental, and social skills that enable the person to cope most effectively with the ordinary stresses of community life, while actively participating in typical activities of the community. To promote

development of inclusive supports for persons in their communities, DHS/MRDDA has defined a set of home and community based services. (Refer to DHS/MRDDA's Home and Community Based Service Descriptions.)

It is a basic right of individuals to obtain services and supports in the most integrated settings. Any limitations on rights must be addressed through the Individual Support Plan (Refer to DHS/MRDDA's Policy on Individual Support Plans) and reviewed by the Human Rights Committee (Refer to DHS/MRDDA's Policy on Behavior Support and Restricted Controls). Section C of this policy outlines specific safeguards related to limitations on rights.

**A. Basic Rights of Individuals to Services and Supports in the Most Integrated Community Setting**

Individuals with mental retardation and/or other developmental disabilities have the fundamental right to gain and sustain an optimum level of independence and competency to make decisions and have control over their lives and choices. Services and supports shall be provided in a manner that promotes:

1. Human dignity.
2. Self-determination and freedom of choice to the individual's fullest capability.
3. The opportunity to live and receive services in the most integrated and most **inclusive** setting possible.
4. The opportunity to undergo typical developmental experiences, even though such experience may have an element of risk, provided that the individual's safety and well being shall not be unreasonably jeopardized. (Refer to DHS/MRDDA'S requirements on the role of the Human Rights Committee review in the *Behavior Support and Restricted Controls Policy*.) The opportunity to engage in activities and styles of living that encourage and maintain the integration of the person in the community, including:
  - a. Social integration in settings typical of the community, which maximize the individual's contact with others who live or work in that community.
  - b. Maintaining a personal appearance that is appropriate to the individual's chronological age and the practices of the surrounding community and that is consistent with his or her choices and preferences and social and cultural background.
  - c. Active engagement in activities, patterns, and routines of living that are appropriate to the person's age and the practices of the surrounding community, and that are consistent with his or her interests **and choices**.
  - d. Communications that are courteous, respectful of the dignity of the individual, **and facilitate the person's understanding of what is being communicated.**
  - e. Active participation in recreation and leisure time activities in the community, which are appropriate to the individual's age, interests, **and choices.**

- f. A home in a community integrated setting in which the person feels safe, and that is physically accessible to public transportation and community resources, such as parks and pools.
- g. Possessions, which are appropriate to the individual's age and consistent with the individual's interests and choices.
- h. Privacy, including the opportunity wherever possible, to be provided clearly defined private living, sleeping, entertaining, and personal care spaces.
- i. Freedom from discomfort, distress, and deprivation that arise from an unresponsive and inhumane environment.

**B. Other Rights of DHS/MRDDA Consumers**

Consumers shall have, in addition to the rights specified above or in applicable D.C. federal laws or judicial decrees, the following rights:

- 1. The right to communicate, including:
  - a. Access to a telephone and opportunities to make and receive confidential calls, and to have assistance when desired and necessary to implement this right.
  - b. Unrestricted mailing privileges, to have access to stationery and postage and to assistance when desired and necessary to implement this right.
  - c. The right to be protected from private and commercial exploitation by providers, including: the right not be exposed to public view by photograph film, videotape, interview, or other means, unless prior written consent of the person or guardian is obtained for each occasion of release; and the right not be identified publicly by name or address without the prior written consent of the individual or guardian.
- 2. The right to follow or abstain from religious practice of the person's choice.
- 3. Freedom of movement tempered with a person's need for supports to adequately protect him or her from harm.
- 4. Control over personal finances.
- 5. Support in developing and maintaining relationships.
- 6. Privacy of records, files, and histories.
- 7. Civic rights afforded other citizens, such as the right to vote.
- 8. The right to receive visitors in their homes whenever desired and to have privacy during visits, including the privacy enjoyed by adults in social relationships.

9. The right to enjoy basic goods and services without threat of denial or delay for any purpose:
- a. A nutritional sound diet of appetizing food served at appropriate times and in as normative manner as possible, and based on the person's preferences.
  - b. Opportunities for daily recreation and physical exercises, as appropriate to the age and interests of the individual.
  - c. Unrestricted access to food, drinking water, and bathrooms.
  - d. Arrangements for, or provision of, an adequate allowance of neat, clean, appropriate, and seasonable clothing that is individually owned, reflects the preferences of the person, and maintained in his or her personal space.
  - e. Opportunities for social contact in the individuals' home, work, or community environments.
  - f. Opportunities to keep and use personal possessions.
  - g. Access to individual storage space for personal use.
  - h. **Opportunities for privacy in connection with hygiene, health, sex, medication administration and other medical procedures.**
  - i. Right to decline a service or support.

**C. Restrictions on Rights**

Any restriction or limitation of rights requires documentation by the individual's ISP team of the reasons for the restriction; actions being taken to restore the person's ability to exercise these rights; and review by a Human Rights Committee. The development or modification of a behavior support plan consistent with the requirements of DHS/MRDDA's Policy on *Behavior Supports and Restricted Controls* may also be necessary.

**D. Abuse or Mistreatment**

**No person covered under the scope of this policy shall abuse or mistreat an individual or permit the abuse or mistreatment of an individual by persons in its employ or subject to its direction. (Refer to DHS/MRDDA's Policy on Incident Management.)**

## VI. REQUIREMENTS

Each MRDDA consumer shall have an ISP that emphasizes provision of services and supports in the most integrated community settings that interfere the least with the individual's independence, and promote the opportunity to actively engage with other citizens who live and work in that community. DHS/MRDDA's policy: *Individual Support Plan* outlines the process and procedures for ISP development, including the responsibilities of participants in the ISP process. The following requirements are supplemental to ISP development.

### A. Most Integrated Work/Day Supports

The ISP shall emphasize provision of services and supports that assist the individual to obtain and maintain paid employment; foster vocational skills to assist in the movement toward paid employment; support retirement activities; or to assist the individual to gain the social and leisure skills for increased presence and independence in the community. If the most integrated work/day supports for the person are not available, the unmet needs of the consumer shall be clearly identified in the ISP whether or not such services are currently available and the ISP team will develop, document, and implement an action plan to meet those needs.

### B. Most Integrated Residential Supports

The ISP shall emphasize residential supports that promote the individual's independence and the opportunity to actively engage with other citizens who live and work in that community. Toward this goal, the ISP team process shall consider residential supports that actively promote and enhance each person's growth, attainment, and maintenance of independence, and that least interfere with the person's independence yet provide the services that address the individual's needs. The determination of residential supports, including 24-hour staffing, shall depend on the needs of each consumer as determined by the ISP process. If the most integrated residential supports for the person are not available, the unmet needs of the consumer shall be clearly identified in the ISP whether or not such services are currently available and the ISP team will develop, document, and implement an action plan to meet those needs.

### C. Criteria for Use of Nursing Homes

Because nursing homes provide an intensive level of care that may be overly restrictive for most individuals who require medical and rehabilitative supports. DHS/MRDDA has established the following criteria for the appropriate use of nursing homes. Nursing homes should only be used as a last resort and when there is a:

1. Need for a time-limited stay following hospitalization where the rehabilitation requires the availability of skilled nursing staff on a twenty-four (24) hour



basis. Such a referral and placement must be directly related to a prior hospitalization.

2. Need for medical supports that minimize deterioration in abilities and maximize quality of life and cannot be provided in the person's current level of care, nor can be provided in a more intensive community based alternative, such as an ICF/MR, and home and community based interventions are currently unavailable to address the person's medical support needs.

#### D. Procedures for Use of a Nursing Home

A consumer's Individual Support Plan (ISP) must recommend placement into a nursing facility, therefore, when use of a nursing home is under consideration, an ISP must be developed, amended or revised. (Refer to DHS/MRDDA's Policy on Individual Support Plans.) As part of the ISP process, the person's current service provider(s) and medical staff must be involved in the planning process and should be present at the ISP meeting. The recommendation must include a medical justification and supporting documentation. The ISP must include the involvement of the consumer, his/her family or guardian and advocate, if any, and result in obtaining written informed consent of the consumer or guardian, prior to forwarding a recommendation for consideration of a nursing facility referral. If there is no guardian, the Surrogate Decision-Making Committee must review and approve the referral and placement. (Refer to the District of Columbia's Surrogate Decision-Making Process).

1. The ISP must provide documentation that no alternative community setting, including an ICF/MR facility is appropriate. The documentation must include the names and location of alternate options explored and considered inappropriate. The lack of an existing opening is no justification for a nursing home placement.
2. The justification must also include a description of the specific supports and services required due to the person's diagnosis and medical status, and which of these services and supports can and cannot currently be provided outside a nursing home. Age is not reason for referral to a nursing home.
3. The ISP process must include an independent evaluation that supports the decision for nursing home placement and confirms that no more integrated or less restrictive settings can address the needs of the individual. The independent assessment must be completed by a licensed medical professional with expertise in assessment of community support needs that is not directly involved in the person's ongoing care. The independent assessment must determine that placement in a nursing facility having more than eight (8) people is the least separate, most integrated setting to provide such services, for a nursing home placement to be recommended by the ISP team.

4. The ISP team, in conjunction with the independent assessor, must also address whether there are additional behavioral or other supports not customarily provided by nursing homes that must be provided to the person while in the nursing home, so that the consumer's needs, as specified in the ISP are met. The MRDDA case manager will work with the nursing home to implement the ISP, to assist the nursing home staff with understanding the person's needs, preferences, and communication style, **and to document these efforts in the ISP.**
5. The ISP team must specify a transition plan to facilitate communication between the nursing home and the person, the MRDDA case manager, current service providers, family or guardian, people who might be part of a consumer's support network, and advocates (if any). The purpose of the transition plan is to facilitate understanding of the person's needs **and to implement the supports necessary to enable the person's return to a more integrated community setting.**
6. The ISP team must specify a planning process to address the needs of the consumer, so that once placed, there is an aggressive effort to eliminate any barriers to return to the place where the consumer lived prior to the nursing home placement, or to explore other more appropriate residential supports. The consumer's preferences and choices must guide this planning process. The consumer's home prior to the nursing home placement, if provider-operated, must maintain a vacancy for **up to** eighteen (18) days for ICFs/MR and thirty (30) days for other residential services, to facilitate the person's return, if the consumer prefers to return and appropriate supports can be instituted. **(Verify with MAA that they will allow this.)**
7. The MRDDA must screen all recommendations for nursing home placements prior to any referral or contact with a nursing facility. The MRDDA may request additional information prior to approving the referral and placement of the consumer into a nursing home. The MRDDA will also
  - a. **Confirm that the consumer, family or guardian is in agreement with the recommendation, or in the instance when the consumer is not able to make an informed decision and provide consent and there is no guardian, the Surrogate Decision-Making Committee has reviewed and approved the referral and placement.**
  - b. There exists a current ISP with the recommendation and supporting medical justification and documentation.
  - c. There exists an independent review by an evaluator and the evaluation supports the decision and confirms that no more integrated or less restrictive setting is appropriate to meet the needs of the person.
  - d. The consumer's physician supports the recommendation and provides a plan of care for the consumer.

- e. In the case of committed clients, approval from the District of Columbia Superior Court.
  - f. The results of the Pre-Admission Screening and Annual Resident Review Process (PASARR) recommend placement.
  - g. The nursing home is able to adequately address the needs of the person.
8. The MRDDA will determine the appropriateness of the referral within ten (10) working days of receipt of a complete and comprehensive information package. In urgent situations, the process shall be expedited so that placement in the most integrated and least restrictive setting occurs without disruption to the consumer and a determination made by the MRDDA as soon as possible.
9. The MRDDA will notify the case manager of the decision to either pursue a referral to a nursing facility or to seek alternate services. If the consumer and/or guardian do not agree with the MRDDA's findings, he or she has the right to request reconsideration or file an appeal. (Refer to DHS/MRDDA's Policy on *Grievances and Appeals*). In addition, **all consumers** or their representatives may seek relief from Superior Court of the District of Columbia in lieu of the grievance process.
10. The MRDDA will assign caseloads so that the MRDDA case manager can provide intensive support to the consumer and consultation to the nursing facility, during the transition period and placement at the nursing facility. The MRDDA will make every effort to assign case managers who have experience with complex medical needs. **(Refer to DHS/MRDDA's Policy on Intensive Case Management.)**
11. The case manager, with the consultation of the ISP team and the person's current program staff, must evaluate whether the nursing home is able to meet the needs of the consumer. Such evaluation will be written and based on a standard protocol established by MRDDA.
12. The case manager shall coordinate the nursing home placement with the following entities:
- a. Hospital or residential provider where the consumer currently resides.
  - b. District of Columbia Superior Court for persons who are committed.
  - c. Department of Medical Assistance for the Pre-Admission Screening and Annual Resident Review Process (PASARR).
13. The case manager will arrange for a conference with the nursing home, the consumer, family or guardian, advocates, and current staff to address the following issues:
- a. Arrange logistics of the move to the nursing home.
  - b. Finalize the transition plan.

- c. Arrange for additional behavioral or other supports as specified in the ISP that must be provided to the person while in the nursing home and are not customarily provided by nursing homes.
  - d. Identify staff and persons in the consumer's support network that can provide information and consultation to the nursing home throughout the consumer's transition and stay.
14. The MRDDA, in consultation with the case manager and the ISP team, will determine the frequency of reviews to determine the ongoing appropriateness of a nursing home placement for stays beyond thirty (30) days. The required review period is at **least eight (8) visits per year**. However, the MRDDA or the person's ISP team may determine more frequent reviews are necessary.
15. The MRDDA will establish a review process at least annually of consumers living in nursing facilities. Appropriately trained and licensed personnel will complete an independent evaluation, when appropriate.
16. If the annual evaluation determines a nursing home placement is inappropriate, the MRDDA shall have the authority to require the ISP team to reconvene to develop alternate options for the consumer and/or to provide additional justification and documentation for its recommendation.
17. No consumer shall move to nursing facility without the written informed consent of the consumer or the legal guardian. Such informed consent shall include a full discussion of alternatives to nursing placement such as home and community based services or placement in an ICF/MR with nursing supports, in a manner that the consumer, the family and/or guardian is like to understand. If desired, the consumer, family/or guardian should be offered the opportunity to visit other types of residential services. **If the consumer cannot provide consent and there is no guardian, the Surrogate Decision-Making Committee must review the referral.**
18. The MRDDA shall follow the process for advocacy services established by the Quality Trust when any consumer is being considered for a nursing home placement.
19. **The MRDDA will notify the Quality Trust and the Human Rights Committee when any consumer is referred to a nursing facility.**
20. **The MRDDA will notify the Court Monitor when an Evans class member is referred to a nursing facility.**
21. The standards in this policy shall apply to all persons with mental retardation and/or developmental disabilities currently placed in nursing homes. The MRDDA shall review all placements of MRDDA consumers residing in nursing homes prior to the effective date of this

policy to determine the appropriateness of the level of service. The MRDDA shall develop ISPs for these individuals that focus on provision of the most integrated supports and services and a plan for relocation of persons who are inappropriately placed in nursing homes.

22. The MRDDA shall establish ongoing competency-based training for case managers and providers on the use of most integrated community settings.
23. The MRDDA shall offer ongoing training and technical assistance for nursing home staff on person-centered supports and plans. Technical assistance to nursing facilities will be provided by case managers in their routine performance of their duties and by the MRDDA upon request.
24. The MRDDA shall provide technical assistance to any party in the process of determining the need for a nursing facility for an MRDDA consumer upon request.
25. MRDDA shall take a proactive case management approach for persons who are being considered for referral to a nursing home. However, if transition to a nursing home occurs without DHS/MRDDA's knowledge, the case manager will convene an ISP meeting as soon as possible but no later than ten (10) working days after being informed of the placement.

**E. Process to Address the Unavailability of Appropriate Services**

The MRDDA case manager is responsible to document the unavailability of services within the ISP and the efforts made to develop services and supports. If the most integrated supports for the person are not available, the unmet needs of the consumer shall be clearly identified in the ISP whether or not such services are currently available and an action plan will be developed and implemented to meet those needs. The MRDDA will work with the ISP team to develop appropriate supports to meet the person's needs as promptly as possible. In the event that the appropriate resources cannot be found, the matter will be referred to the MRDDA Administrator for assistance with addressing funding constraints or development of new services. Unmet needs will be aggregated and specific systemic plans, including necessary funding, will be developed and implemented within the next budget cycle.

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Government of the District of Columbia  
Department of Human Services  
Mental Retardation & Developmental  
Disabilities Administration

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## Most Integrated Setting Implementation Plan

## **Implementation Plan**

### **1.0 Introduction**

The Mental Retardation and Development Disabilities Administration (MRDDA) established principles, guidelines, and procedures to assist MRDDA's consumers to obtain services and supports in the most integrated community-based setting that is most appropriate to the needs of the individual. Further, MRDDA established criteria for the use of nursing homes. It set forth the expectation that nursing home admission and continued stay will only occur after due consideration of medical necessity, and when the person's need for nursing care cannot be addressed through implementation of home-based and community services or an Intermediate Care Facility/Mental Retardation with nursing staff.

Ultimate responsibility for the implementation of the policy on the Rights of Persons with Mental Retardation and/or Developmental Disabilities to the Provision of Services and Supports in the Most Integrated Community Setting resides with MRDDA. This policy applies to all employees of the Department of Human Services, Mental Retardation Developmental Disabilities Administration (DHS/MRDDA) and all individuals and agencies that provide services or supports to persons with mental retardation and/or developmental disabilities through funding, contract or provider agreement with the District of Columbia. All paid staff, subcontractors and consultants of such agencies, and volunteers or other persons recruited to provide services and supports on behalf of the persons with mental retardation and other developmental disabilities, are subject to the requirements of this policy.

**The anticipated effective date for this policy is 60 days from the completion of training with MRDDA Case Managers and Provider Agency Community.**

### **Policy Objectives**

The purpose of the policy on the Rights of Persons with Mental Retardation and/or Developmental Disabilities is to establish guidelines to promote the rights of MRDDA consumers to receive services and supports in the most integrated community setting. Further, the policy provides guidelines for the use of nursing homes only when the person's need for nursing care cannot be addressed through implementation of home-based and community services or an Intermediate Care Facility/Mental Retardation with nursing staff.

## Policy Requirements

The charts below highlight the significant requirements of the policy.<sup>1</sup> A complete reading of the Rights of Persons to Receive Services and Supports in the Most Integrated Community Setting is necessary to understand the full impact of this policy implementation.

Charts 1.0, - 1.12 highlight the significant implementation requirements of the policy.

### Chart 1.0 –Provision of Services and Supports in the Most Integrated Community Setting

Policy Section	Significant Requirements
§ V. A Basic Rights of MRDDA Consumers	<ul style="list-style-type: none"><li>▪ Services and supports for consumers of DHS/MRDDA offered in the most integrated community setting appropriate to the needs of the individual.</li><li>▪ Services and supports provided in a manner that promote:<ul style="list-style-type: none"><li>➤ Human dignity.</li><li>➤ Self-determination and freedom of choice to the individual's full capability.</li><li>➤ The opportunity to live and receive services in the most integrated and most inclusive setting possible.</li><li>➤ The opportunity to undergo typical developmental experiences, even though such experience may have an element of risk, provided that the individual's safety and well being shall not be unreasonably jeopardized. (Refer to DHS/MRDDA'S requirements on the role of the Human Rights Committee review in the Behavior Support and Restricted Controls Policy.) The opportunity to engage in activities and styles of living that encourage and maintain the integration of the person in the community, including:<ul style="list-style-type: none"><li>⇒ Social integration in settings typical of the community, which maximize the individual's contact with others who live or work in that community.</li><li>⇒ Maintaining a personal appearance that is appropriate to the individual's chronological age and the practices of the surrounding community and that is consistent with his or her choices and preferences and social and cultural background.</li><li>⇒ Active engagement in activities, patterns, and routines of living that are appropriate to the person's age and the practices of the surrounding community, and that are consistent with his or her interests and choices.</li><li>⇒ Communications that are courteous, respectful of the dignity of the individual, and facilitate the person's understanding of what is being communicated.</li></ul></li></ul></li></ul>
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<sup>1</sup> Rights of Persons with Mental Retardation and/or Developmental Disabilities to the Provision of Services and Supports in the Most Integrated Community Setting



**Chart 1.1 – Other Rights of DHS/MRDDA Consumers**

Policy Section	Significant Requirements
§V.B – Other Rights of Consumers:	<ul style="list-style-type: none"> <li>▪ Rights specified above or in applicable D.C. federal laws or judicial decrees.</li> </ul>
	<ul style="list-style-type: none"> <li>▪ The right to communicate, including:                             <ul style="list-style-type: none"> <li>➢ Access to a telephone and opportunities to make and receive confidential calls, and to have assistance when desired and necessary to implement this right.</li> <li>➢ Unrestricted mailing privileges with access to stationery and postage and to assistance when desired and necessary to implement this right.</li> <li>➢ The right to be protected from private and commercial exploitation by providers, including:                                     <ul style="list-style-type: none"> <li>⇒ The right not be exposed to public view by photograph film, videotape, interview, or other means, unless prior written consent of the person or guardian is obtained for each occasion of release.</li> <li>⇒ The right not to be identified publicly by name or address without the prior written consent of the individual or guardian.</li> </ul> </li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>▪ The right to follow or abstain from religious practice of the person's choice.</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Freedom of movement tempered with a person's need for supports to adequately protect him or her from harm.</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Control over personal finances.</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Support in developing and maintaining relationships.</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Privacy of records, files, and histories.</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Civic rights afforded other citizens, such as the right to vote.</li> </ul>
	<ul style="list-style-type: none"> <li>▪ The right to receive visitors in their homes whenever desired and to have privacy during visits, including the privacy enjoyed by adults in social relationships.</li> </ul>

Policy Section	Significant Requirements
	<p>Other Rights of MRDDA Consumers, continued:</p> <ul style="list-style-type: none"> <li>▪ The right to enjoy basic goods and services without threat of denial or delay for any purpose: <ul style="list-style-type: none"> <li>➤ A nutritional sound diet of appetizing food served at appropriate times and in as normative manner as possible, and based on the person's preferences.</li> <li>➤ Opportunities for daily recreation and physical exercises, as appropriate to the age and interests of the individual.</li> <li>➤ Unrestricted access to food, drinking water, and bathrooms.</li> <li>➤ Arrangements for, or provision of, an adequate allowance of neat, clean, appropriate, and seasonable clothing that is individually owned, reflects the preferences of the person, and maintained in his or her personal space.</li> <li>➤ Opportunities for social contact in the individuals' home, work, or community environments.</li> <li>➤ Opportunities to keep and use personal possessions.</li> <li>➤ Access to individual storage space for personal use.</li> <li>➤ Opportunities for privacy in connection with hygiene, health, sex, medication administration, and other medical procedures.</li> <li>➤ Right to decline a service or support.</li> </ul> </li> </ul>

**Chart 1.2 – Restrictions on Rights**

Policy Section	Significant Requirements
§ V.C Restrictions on Rights	<ul style="list-style-type: none"> <li>▪ Restriction or limitation of rights requires: <ul style="list-style-type: none"> <li>➤ Documentation by the individual's ISP team of the reasons for the restriction.</li> <li>➤ Actions being taken to restore the person's ability to exercise these rights.</li> <li>➤ Review by a Human Rights Committee.</li> <li>➤ Development or modification of a behavior support plan consistent with the requirements of DHS/MRDDA's Policy on Behavior Supports and Restricted Controls.</li> </ul> </li> </ul>

**Chart 1.3 – Abuse or Mistreatment**

Policy Section	Significant Requirements
<b>§ V.D Abuse of Mistreatment:</b>	<ul style="list-style-type: none"><li>▪ No person covered under the scope of the policy shall abuse or mistreat an individual or permit the abuse or mistreatment of an individual by persons in its employ or subject to its direction.</li><li>▪ Abuse or mistreatment includes:<ul style="list-style-type: none"><li>➤ Any negligent action or omission that exposes an individual to a serious risk of physical or emotional harm.(Refer to DHS/MRDDA's Policy on Incident Management.)</li></ul></li></ul>

**Chart 1.4 – Requirements**

Policy Section	Significant Requirements
<b>§ VI. General Requirements</b>	<ul style="list-style-type: none"><li>▪ ISP emphasis on provision of services and supports in the most integrated community settings that interfere the least with the individual's independence, and promote the opportunity to actively engage with other citizens who live and work in that community.</li></ul>

**Chart 1.5 – Most Integrated Work/Day Supports**

Policy Section	Significant Requirements
<b>§ VI. A Most Integrated Work/Day Supports</b>	<ul style="list-style-type: none"><li>▪ ISP emphasis on provision of services and supports that assist the individual to:<ul style="list-style-type: none"><li>➤ Obtain and maintain paid employment.</li><li>➤ Foster vocational skills to assist in the movement toward paid employment.</li><li>➤ Support retirement activities.</li><li>➤ Gain the social and leisure skills for increased presence and independence in the community.</li></ul></li><li>▪ If the most integrated work/day supports for the person are not available,<ul style="list-style-type: none"><li>➤ Unmet needs of the consumer must be clearly identified in the ISP whether or not such services are currently available.</li><li>➤ ISP team must develop, document, and implement an action plan to meet those needs.</li></ul></li></ul>

**Chart 1.6 – Most Integrated Residential Supports**

Policy Section	Significant Requirements
§ VI. B  Most Integrated Residential Supports	<ul style="list-style-type: none"> <li>▪ ISP emphasizes residential supports that promote the individual's independence and opportunity to actively engage with other citizens who live and work in that community.</li> <li>▪ ISP team process considers residential supports that actively promote and enhance each person's growth, attainment, and maintenance of independence, and that least interfere with the person's independence yet provide the services that address the individual's needs.</li> <li>▪ Determination of residential supports, including 24-hour staffing, depends on the needs of each consumer as determined by the ISP process.</li> <li>▪ If the most integrated residential supports for the person are not available, the unmet needs of the consumer shall be clearly identified in the ISP whether or not such services are currently available and the ISP team will develop, document, and implement an action plan to meet those needs.</li> </ul>

**Chart 1.7 – Criteria for Use of Nursing Homes**

Policy Section	Significant Requirements
§ VI. C  Criteria for Use of Nursing Homes	<ul style="list-style-type: none"> <li>▪ Nursing home only used as a last resort and when there is a need for: <ul style="list-style-type: none"> <li>➢ A time-limited stay following hospitalization where the rehabilitation requires the availability of skilled nursing staff on a twenty-four (24) hour basis.</li> <li>➢ Medical supports that minimize deterioration in abilities and maximize quality of life and <ul style="list-style-type: none"> <li>⇒ cannot be provided in the person's current level of care,</li> <li>⇒ nor can be provided in a more intensive community based alternative, such as an ICF/MR, and</li> <li>⇒ home and community based interventions are currently unavailable to address the person's medical support needs.</li> </ul> </li> </ul> </li> </ul>

**Chart 1.8 – Procedures for Use of a Nursing Home**

Policy Section	Significant Requirements – Procedures for Use of a Nursing Home
§ VI.D Procedures for Use of a Nursing Home:	<ul style="list-style-type: none"><li>▪ ISP recommends placement into a nursing facility:<ul style="list-style-type: none"><li>➢ When the person's current service provider(s) and medical staff are involved in the planning process and present at the ISP meeting.</li><li>➢ The recommendation includes medical justification and supporting documentation.</li><li>➢ The ISP includes the involvement of the consumer, his/her family or guardian and advocate, if any, and results in obtaining written informed consent of the consumer or guardian, prior to recommendation for a nursing facility referral.</li><li>➢ If there is no guardian, the Surrogate Decision-Making Committee reviews and approves the referral and placement. (Refer to the District of Columbia's Surrogate Decision-Making Process).</li></ul></li></ul>
§ VI.D.1	<ul style="list-style-type: none"><li>▪ The ISP provides documentation that no alternative community setting, including an ICF/MR facility is appropriate and includes:<ul style="list-style-type: none"><li>➢ Names and location of alternate options explored and considered inappropriate.</li><li>➢ Lack of an existing opening is no justification for a nursing home placement.</li></ul></li></ul>
§ VI.D.2	<ul style="list-style-type: none"><li>▪ Justification includes a description of the specific supports and services required due to the person's diagnosis and medical status.</li><li>▪ Which services and supports can and cannot currently be provided outside a nursing home.</li><li>▪ Age is not reason for referral to a nursing home.</li></ul>
§ VI.D.3	<ul style="list-style-type: none"><li>▪ For a Nursing Home Placement recommendation, the ISP process must include an independent evaluation that:<ul style="list-style-type: none"><li>➢ Supports the decision for nursing home placement.</li><li>➢ Confirms that no more integrated or less restrictive settings can address the needs of the individual.</li><li>➢ Is completed by a licensed medical professional with expertise in assessment of community support needs, that is not directly involved in the person's ongoing care.</li><li>➢ Determines that placement in a nursing facility having more than eight (8) people is the least separate, most integrated setting to provide such services.</li></ul></li></ul>

Policy Section	Significant Requirements – Procedures for Use of a Nursing Home
§ VI.D.4	<ul style="list-style-type: none"> <li>▪ The ISP team, with the independent assessor, addresses whether there are additional behavioral or other supports not customarily provided by nursing homes that must be provided to the person while in the nursing home, so that the consumer's needs, as specified in the ISP are met.</li> <li>▪ The MRDDA case manager works with the nursing home to:               <ul style="list-style-type: none"> <li>➢ Implement the ISP.</li> <li>➢ Assist the nursing home staff with understanding the person's needs, preferences, and communication style, and documentation requirements.</li> </ul> </li> </ul>
§ VI.D.5	<ul style="list-style-type: none"> <li>▪ The ISP team specifies a transition plan to facilitate communication among:               <ul style="list-style-type: none"> <li>➢ Nursing home and the person.</li> <li>➢ MRDDA case manager.</li> <li>➢ Current service providers.</li> <li>➢ Family or guardian.</li> <li>➢ People who might be part of a consumer's support network.</li> <li>➢ Advocates (if any).</li> </ul> </li> <li>▪ The transition plan facilitates understanding of the person's needs and facilitates implementation of the supports necessary to enable the person's return to a more integrated community setting.</li> </ul>
§ VI.D.6	<ul style="list-style-type: none"> <li>▪ The ISP team specifies a planning process to address the needs of the consumer so that, once placed, there is an aggressive effort to eliminate any barriers to return to the place where the consumer lived prior to the nursing home placement, or to explore other more appropriate residential supports.</li> <li>▪ The consumer's preferences and choices must guide this planning process.</li> <li>▪ The consumer's home prior to the nursing home placement, if provider-operated, must maintain a vacancy for up to eighteen (18) days for ICFs/MR and thirty (30) days for other residential services, to facilitate the person's return, if the consumer prefers to return and appropriate supports can be instituted.</li> </ul>





Policy Section	Significant Requirements – Procedures for Use of a Nursing Home
§ VI.D.7	<ul style="list-style-type: none"> <li>▪ The MRDDA must screen all recommendations for nursing home placements prior to any referral or contact with a nursing facility. The MRDDA may request additional information prior to approving the referral and placement of the consumer into a nursing home. The MRDDA will also:               <ul style="list-style-type: none"> <li>➢ Confirm that the consumer, family or guardian is in agreement with the recommendation, or in the instance when the consumer is not able to make an informed decision and provide consent and there is no guardian, the Surrogate Decision-Making Committee has reviewed and approved the referral and placement.</li> <li>➢ There exists a current ISP with the recommendation and supporting medical justification and documentation.</li> <li>➢ There exists an independent review by an evaluator and the evaluation supports the decision and confirms that no more integrated or less restrictive setting is appropriate to meet the needs of the person.</li> <li>➢ The consumer's physician supports the recommendation and provides a plan of care for the consumer.</li> <li>➢ In the case of committed clients, approval from the District of Columbia Superior Court.</li> <li>➢ The results of the Pre-Admission Screening and Annual Resident Review Process (PASARR) recommend placement.</li> <li>➢ The nursing home is able to adequately address the needs of the person.</li> </ul> </li> </ul>
§ VI.D.8	<ul style="list-style-type: none"> <li>▪ MRDDA determines the appropriateness of the referral within ten (10) working days of receipt of a complete and comprehensive information package.</li> <li>▪ In urgent situations, the process is expedited so that placement in the most integrated and least restrictive setting occurs without disruption to the consumer and a determination made by the MRDDA as soon as possible.</li> </ul>
§ VI.D.9	<ul style="list-style-type: none"> <li>▪ MRDDA notifies the case manager of the decision to either pursue a referral to a nursing facility or to seek alternate services.</li> <li>▪ If the consumer and/or guardian do not agree with the MRDDA's findings, he or she has the right to request reconsideration or file an appeal. (Refer to DHS/MRDDA's Policy on <i>Grievances and Appeals</i>).</li> <li>▪ All consumers or their representatives may seek relief from Superior Court of the District of Columbia in lieu of the grievance process.</li> </ul>
§ VI.D.10	<ul style="list-style-type: none"> <li>▪ The MRDDA assigns caseloads so that the MRDDA case manager can provide intensive support to the consumer and consultation to the nursing facility, during the transition period and placement at the nursing facility.</li> <li>▪ MRDDA assigns case managers who have experience with complex medical needs. (Refer to DHS/MRDDA's Policy on Intensive Case Management.)</li> </ul>
§ VI.D.11	<ul style="list-style-type: none"> <li>▪ The case manager, with the consultation of the ISP team and the person's current program staff, evaluates whether the nursing home is able to meet the needs of the consumer.</li> <li>▪ MRDDA provides a standard protocol for the evaluation.</li> </ul>



Policy Section	Significant Requirements – Procedures for Use of a Nursing Home
§ VI.D.12	<ul style="list-style-type: none"> <li>▪ The case manager coordinates the nursing home placement with the following entities:               <ul style="list-style-type: none"> <li>➢ Hospital or residential provider where the consumer currently resides.</li> <li>➢ District of Columbia Superior Court for persons who are committed.</li> <li>➢ Department of Medical Assistance for the Pre-Admission Screening and Annual Resident Review Process (PASARR).</li> </ul> </li> </ul>
§ VI.D.13	<ul style="list-style-type: none"> <li>▪ The case manager arranges a conference with the nursing home, the consumer, family or guardian, advocates, and current staff to address the following issues:               <ul style="list-style-type: none"> <li>➢ Logistics of the move to the nursing home.</li> <li>➢ Finalize the transition plan.</li> <li>➢ Arrange additional behavioral or other supports as specified in the ISP that must be provided to the person while in the nursing home and are not customarily provided by nursing homes.</li> <li>➢ Identify staff and persons in the consumer's support network that can provide information and consultation to the nursing home throughout the consumer's transition and stay.</li> </ul> </li> </ul>
§ VI.D.14	<ul style="list-style-type: none"> <li>▪ The MRDDA, in consultation with the case manager and the ISP team, determines the frequency of reviews to determine the ongoing appropriateness of a nursing home placement for stays beyond thirty (30) days.</li> <li>▪ The required review period is at least eight (8) visits per year, however, the MRDDA or the person's ISP team may determine more frequent reviews are necessary.</li> </ul>
§ VI.D.15	<ul style="list-style-type: none"> <li>▪ MRDDA establishes a review process at least annually of consumers living in nursing facilities.</li> <li>▪ Appropriately trained and licensed personnel complete the independent evaluation.</li> </ul>
§ VI.D.16	<ul style="list-style-type: none"> <li>▪ If the annual evaluation determines a nursing home placement is inappropriate, MRDDA has the authority to require the ISP team to reconvene to develop alternate options for the consumer and/or to provide additional justification and documentation for its recommendation.</li> </ul>
§ VI.D.17	<ul style="list-style-type: none"> <li>▪ No consumer moves to a nursing facility without the written informed consent of the consumer or the legal guardian.</li> <li>▪ Informed consent includes a full discussion of alternatives to nursing placement such as home and community based services or placement in an ICF/MR with nursing supports, in a manner that the consumer, the family and/or guardian is like to understand.</li> <li>▪ If desired, the consumer, family/or guardian is offered the opportunity to visit other types of residential services. If the consumer cannot provide consent and there is no guardian, the Surrogate Decision-Making Committee reviews the referral.</li> </ul>
§ VI.D.18	<ul style="list-style-type: none"> <li>▪ MRDDA follows the process for advocacy services established by the Quality Trust when any consumer is being considered for a nursing home placement.</li> </ul>

Policy Section	Significant Requirements – Procedures for Use of a Nursing Home
§ VI.D.19	<ul style="list-style-type: none"> <li>▪ The MRDDA notifies the Quality Trust and the Human Rights Committee when any consumer is referred to a nursing facility.</li> </ul>
§ VI.D.20	<ul style="list-style-type: none"> <li>▪ The MRDDA notifies the Court Monitor when an Evans class member is referred to a nursing facility.</li> </ul>
§ VI.D.21	<ul style="list-style-type: none"> <li>▪ The standards in this policy shall apply to all persons with mental retardation and/or developmental disabilities currently placed in nursing homes.</li> <li>▪ MRDDA reviews all placements of MRDDA consumers residing in nursing homes prior to the effective date of this policy to determine the appropriateness of the level of service.</li> <li>▪ MRDDA develops ISPs for these individuals that focus on provision of the most integrated supports and services and a plan for relocation of persons who are inappropriately placed in nursing homes.</li> </ul>
§ VI.D.22	<ul style="list-style-type: none"> <li>▪ MRDDA establishes ongoing competency-based training for case managers and providers on the use of most integrated community settings.</li> </ul>
§ VI.D.23	<ul style="list-style-type: none"> <li>▪ MRDDA offers ongoing training and technical assistance for nursing home staff on person-centered supports and plans.</li> <li>▪ MRDDA case managers will provide technical assistance to nursing facilities in their routine performance of their duties.</li> </ul>
§ VI.D.24	<ul style="list-style-type: none"> <li>▪ MRDDA provides technical assistance to any party in the process of determining the need for a nursing facility for an MRDDA consumer upon request.</li> </ul>
§ VI.D.25	<ul style="list-style-type: none"> <li>▪ MRDDA takes a proactive case management approach for persons who are being considered for referral to a nursing home.</li> <li>▪ If transition to a nursing home occurs without DHS/MRDDA's knowledge, the case manager convenes an ISP meeting as soon as possible, but no later than ten (10) working days after being informed of the placement.</li> </ul>

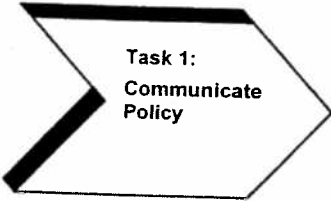
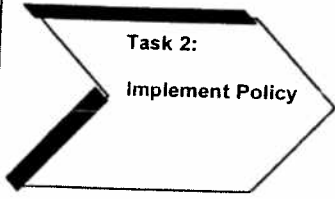

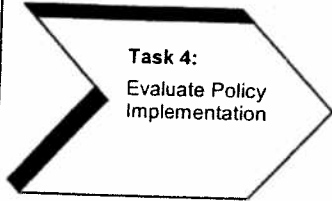
Chart 1.9 –Unavailability of Appropriate Services

Policy Section	Significant Requirements
<b>§ VI. E</b>  <b>Process to Address Unavailability of Appropriate Services</b>	<ul style="list-style-type: none"><li>▪ The MRDDA case manager documents the unavailability of services within the ISP and the efforts made to develop services and supports.</li><li>▪ If the most integrated supports for the person are not available, the unmet needs of the consumer is to be clearly identified in the ISP whether or not such services are currently available and an action plan is to be developed and implemented to meet those needs.</li><li>▪ MRDDA works with the ISP team to develop appropriate supports to meet the person's needs as promptly as possible.</li><li>▪ In the event that the appropriate resources cannot be found, the matter is to be referred to the MRDDA Administrator for assistance with addressing funding constraints or development of new services.</li><li>▪ Unmet needs are to be aggregated and specific systemic plans, including necessary funding, to be developed and implemented within the next budget cycle.</li></ul>

## 2.0 Plan of Action

The Implementation Plan includes four primary tasks:

- Task 1: Communicate Policy
- Task 2: Implement Policy
- Task 3: Develop and Implement Training
- Task 4: Evaluate Policy Implementation

Implementation Outline	
 <b>Task 1: Communicate Policy</b>	Subtask 1.1: Develop Internal Communication Strategy Subtask 1.2: Identify Application Barriers and Clarify Terms Subtask 1.3: External Communication Strategies
 <b>Task 2: Implement Policy</b>	Subtask 2.1: Define and Document Processes/Workflow Subtask 2.2: Document Procedures and Controls Subtask 2.3: Develop and Implement Work Plans
 <b>Task 3: Develop and Implement Training</b>	Subtask 3.1: Develop Training Curriculum and In-Service Certification Subtask 3.2: Identify Training Population and Assess Readiness Subtask 3.3: Organize and Conduct Training Subtask 3.4: Evaluate Training Effectiveness Subtask 3.5: Deliver On-going Training
 <b>Task 4: Evaluate Policy Implementation</b>	Subtask 4.1: Develop Performance Measures Subtask 4.2: Refine Policy Subtask 4.3: Implement Changes Subtask 4.4: Monitor On-going Implementation





## **Task 1: Communicate Policy**

The initial activities surrounding implementation of the policy involve ensuring that all relevant internal and external stakeholders have a clear understanding of the policy and its implications on their work activities. The purpose of these activities is to ensure that staff and stakeholders expectations surrounding their roles and responsibilities are aligned with those of MRDDA management.

### ***Subtask 1.1: Develop Internal Communications Strategy***

#### **□ Communicate Policy**

The Policy on the Rights of Persons with Mental Retardation and/or Developmental Disabilities to the Provision of Services and Supports in the Most Integrated Setting will be disseminated to MRDDA Senior Management, Supervisors, and Case Managers. Dissemination of the policy will provide them with the opportunity to interpret their responsibilities and accountabilities and the impact on their current activities. The expected outcomes of the implementation should be clearly stated and communicated to the staff during the dissemination process. MRDDA will:

- Develop and execute a communications strategy within the organization regarding the dissemination and operation of the policy;
- Create a communications network utilizing various group discussion formats, training, and interactions with key management personnel; and,
- Create communication and training materials that can be employed through email, Internet, web pages, and hard copy.

### ***Subtask 1.2: Identify Application Barriers and Clarify Terms***

#### **□ Identify Barriers and Impediments**

Once MRDDA staff has had an opportunity to read and understand the policy, MRDDA staff should be able to identify potential barriers and impediments to the application of this policy to their work.

□ Define and Clarify Terminology

Staff will also need assistance in defining terminology that is unclear in the policy or that may be subject to multiple interpretations. Staff will require a clear understanding of responsibility and applicability of the policy on the Rights of Persons with Mental Retardation and/or Developmental Disabilities to the Provision of Services and Supports in the Most Integrated Community Setting. Training will assist staff to understand who is ultimately responsible for various requirements of the policy.

Convene Focus Group Meetings

Focus Groups with MRDDA management and staff will be held to ensure that expectations are clearly understood and to identify potential risks to the effective implementation of the policy.

***Subtask 1.3: Develop External Communications Strategy***

The policy and its implications will need to then be explained to other stakeholders including the provider community. These stakeholders will be given the opportunity to communicate their ability to implement the policy and the timeframe in which they can achieve full implementation of the policy. MRDDA will:

- Develop and execute a communications strategy to the provider community and other stakeholders regarding the dissemination and the operations of the policy;
- Create a communications network utilizing various group discussion formats, training, and interactions with key management personnel; and,
- Create communication and training materials that can be employed through email, Internet, web pages, and hard copy.

□ Obtain Buy-in and Support

MRDDA will solicit feedback as to barriers to implementation and provide timeframe for feedback from providers. An external communication plan, which will include provider meetings, summits, or focus groups, will be developed to gather provider comments.



## Task 2: Implement Policy

MRDDA management will work with staff and other stakeholders to resolve implementation barriers that are identified through the Communication Process. These barriers will be divided into the following two categories:

- *Internal barriers:* MRDDA has complete control over resolution of the barrier.
- *External barriers:* MRDDA must coordinate with another organization to resolve barrier. Ultimate responsibility resides with MRDDA to resolve any identified barrier.

A pre-implementation review and evaluation of the Policy on the Rights of Persons with Mental Retardation and/or Developmental Disabilities to the Provision of Services and Supports in the Most Integrated Setting indicates the following potential barriers to application of this policy:

- Implementation of MRDDA's Policy on Individual Support Plans is now underway, however, consistent application of the policy will take time.
- Persons currently in nursing homes have not received an evaluation by an independent evaluator. The lack of an independent evaluation may result in continued placement in nursing homes of persons who could live in more integrated settings.
- Training must occur to assist provider staff with understanding the requirements of the policy.
- On occasion, a nursing home placement of an MRDDA consumer occurs when arrangements are made by a hospital directly with the nursing facility. This eliminates the ISP process from occurring prior to the placement and excludes the involvement of providers and MRDDA until post-placement.

### ***Subtask 2.1: Define and Document Processes/Workflow***

MRDDA will define and document processes/ workflow for ensuring timely completion of ISPs that outline address person-centered planning and placement in the most integrated settings. Further, MRDDA must implement procedures that address oversight of the ISP planning process and engage appropriate parties when considering a nursing home placement.



***Subtask 2.2: Document Procedures and Controls***

Once the procedures are clearly defined and documented for each process that will be developed to support the policy, MRDDA will need to ensure that appropriate internal controls are integrated with the business process to ensure achievement of objectives of the policy.

These internal controls will then be incorporated into procedures that are consistent with the Policy on the Rights of Persons with Mental Retardation and/or Developmental Disabilities to the Provision of Services and Supports in the Most Integrated Setting and its objectives.

***Subtask 2.3: Develop and Implement Work Plans***

MRDDA will develop Work Plans to phase in the procedures that are defined and documented for the Policy on the Rights of Persons with Mental Retardation and/or Developmental Disabilities to the Provision of Services and Supports in the Most Integrated Setting. The pre-implementation review and evaluation of the policy indicated that the following activities would need to be completed as part of the implementation:

- Identify the number of consumers who currently are in nursing homes.
  - Develop Database to capture information on current consumers in nursing homes.
  - Develop process to track consumers who move in and out of nursing facilities.
  
- Provide Technical Assistance
  - Identify resource list of independent evaluators.
  - Identify other resources that can provide technical assistance on design of ISPs that promote provision of services and supports in the most integrated setting, including person-centered planning activities.
  - Provide technical assistance to providers and case managers on how to conduct person-centered planning and provision of flexible services and supports in the most integrated setting.
  - Provide technical assistance on how the elements of an independent evaluation for nursing home placements.



### **Task 3: Develop and Implement Training**

MRDDA will develop and execute a training program to ensure that the MRDDA personnel, provider community and other key stakeholders are able to effectively and efficiently implement the Policy: Rights of Persons with Mental Retardation and/or Developmental Disabilities to the Provision of Services and Supports in the Most Integrated Setting. MRDDA will:

#### ***Subtask 3.1: Develop Training Curriculum***

- Develop Training Curriculum and In-Service Training
  - Develop training curriculum for MRDDA personnel, provider community and other key stakeholders on person-centered planning and criteria for nursing home placement.

#### ***Subtask 3.2: Identify Training Population and Assess Readiness***

- MRDDA will be responsible for ensuring that personnel are trained and that facilities, hardware, and software are available and adequate. MRDDA will:
  - Identify all personnel requiring training;
  - Create database of all participants to be trained; and,
  - Assess readiness of personnel identified for training.

#### ***Subtask 3.3: Organize and Conduct Training***

- Prepare a Training Schedule

Coordinate a training schedule to avoid conflicts and ensure training dates are incorporated into agency calendar.
- Produce Training and Evaluation Materials
  - Develop training support tools and material. Actual guides and reference manuals will be customized to address issues specific to each training module.

- Develop handbook/manual for vendors and staff. This handbook may incorporate existing materials.
  - Develop training evaluation forms, surveys, and questionnaires to solicit feedback from users about the training process.
- Deliver Training

The actual training process will take place in accordance with the specific needs and requirements of each module.

### ***Subtask 3.4 Evaluate Training Effectiveness***

- Monitor Training Program and Data Collection

Monitoring involves ensuring the successful completion of exercises and collecting and analyzing the training evaluation forms/questionnaires. In certain environments, monitoring allows any training program changes to be made before the major program changes or staffing alignments are performed. The associated tasks are as follows:

- Confirm Training Evaluation Plan;
- Confirm Evaluation Instruments/Procedures;
- Confirm Training Criteria;
- Collect and Analyze Evaluations; and,
- Maintain Training Status Database.

### ***Subtask 3.5: Deliver On-going Training***

The delivery of an on-going, uniform training program is essential to providing consistent, effective services to consumers, as well as to achieving MRDDA's overall business process improvement objectives. A uniform training program will allow MRDDA to objectively evaluate and assess the capabilities of its personnel and provider community, as well as its own progress towards improved service delivery. The training program will incorporate "best practices" from other jurisdictions, as well as "lessons learned" during the implementation process. Periodic monitoring of training effectiveness will be incorporated into the training methodology based upon performance measures identified during the implementation process.



## Task 4: Evaluate Policy Implementation

MRDDA will develop goals, objectives, requirements, and measures of success that are necessary for establishing the expectations and direction for the implementation of this policy. It is important that the standards used to measure performance are designed to produce successful and accurate results.

### ***Subtask 4.1: Develop Performance Measures***

□

#### **Identify the Performance Measures**

- Identify performance measures in the three improvement areas: effectiveness, efficiency, and adaptability;
- Ensure that the performance measures are relevant, quantifiable, and documented; and,
- Develop performance measures throughout the flow of a process so that corrective actions can be applied while a process is being performed.

### ***Subtask 4.2: Refine Policy***

#### **Develop Recommendations**

Identify and prepare recommendations to improve the Policy on the Rights of Persons with Mental Retardation and/or Developmental Disabilities to the Provision of Services and Supports in the Most Integrated Setting. The recommendations will:

- Outline improvements for strengthening the weaknesses of the current processes;
- Evaluate the risks inherent in keeping the current system and processes, modifying the current system, and/or the feasibility of adopting alternative solutions;
- Incorporate "best practices" from other organizations that are suitable for the MRDDA.
- Develop an enhancement to the MRDDA Customer Information System (MCIS) that allows for automated tracking of significant/critical dates

related to ISP planning and evaluation, referral, admission and discharge from nursing home placements.

#### ***Subtask 4.3 Implement Changes***

□ Develop Action Plan and Timeline

Develop step-by-step action plans for implementing and rolling out the recommendations for the Policy on the Rights of Persons with Mental Retardation and/or Developmental Disabilities to the Provision of Services and Supports in the Most Integrated Setting. The action plan will include key implementation schedules, timelines, and milestones.

#### ***Subtask 4.4 Monitor On-going Implementation***

□ Plan for Management and Monitoring Process Performance

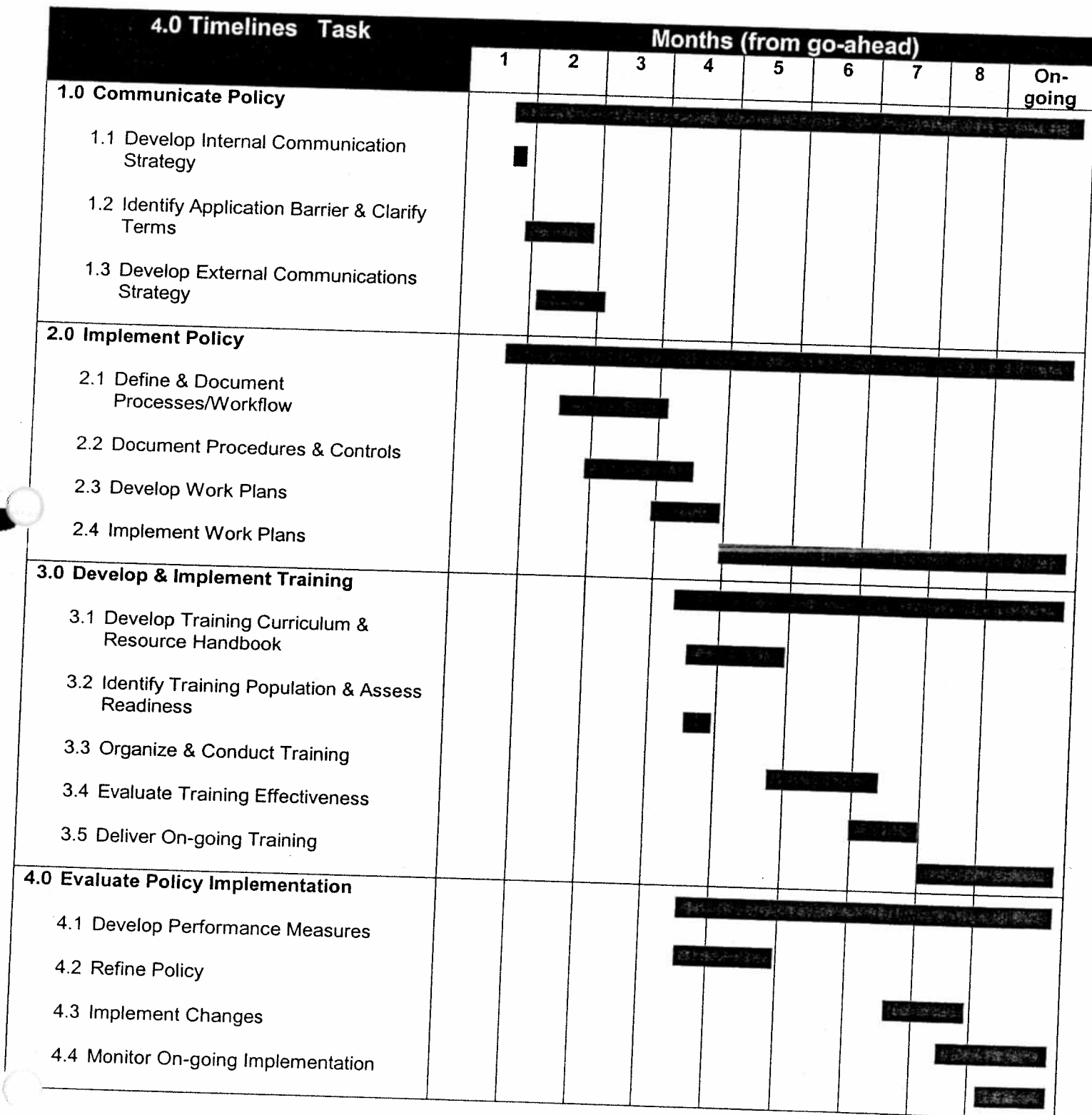
Incorporate "best practices" identified in the area of performance monitoring into a plan to manage and monitor MRDDA's newly implemented Policy on the Rights of Persons with Mental Retardation and/or Developmental Disabilities to the Provision of Services and Supports in the Most Integrated Setting and work practices.

### ***3.0 Implementation Responsibilities***

Ultimate responsibility for the implementation of the Policy on the Rights of Persons with Mental Retardation and/or Developmental Disabilities to the Provision of Services and Supports in the Most Integrated Setting resides with MRDDA.

### ***4.0 Timeline***

The timeline for implementation of the Policy on the Rights of Persons with Mental Retardation and/or Developmental Disabilities to the Provision of Services and Supports in the Most Integrated Setting is impacted by the need to provide training on its key aspects, person-centered planning and criteria for nursing home placements.



**5.0 Budget (needs completion by MRDDA)**

## 6.0 Deliverables

Deliverable	Description
<b>Phase I – Interpret &amp; Explain Policy</b>	
<b>Policy on the Rights of Persons with Mental Retardation and/or Developmental Disabilities to the Provision of Services and Supports in the Most Integrated Setting</b>	Final policy to be implemented at MRDDA.
<b>Focus Group Meetings</b>	Focus Group Meetings with MRDDA management and staff to identify application barriers.
<b>Application Barriers</b>	Define barriers to incorporating Policy on the Rights of Persons with Mental Retardation and/or Developmental Disabilities to the Provision of Services and Supports in the Most Integrated Setting into MRDDA's business processes and within the provider community.
<b>Phase II – Apply Policy</b>	
<b>Work plans to resolve application barriers</b>	Work plans to resolve internal and external barriers to implementation, including timelines for resolution.
<b>Documented Processes</b>	Define and document processes need for implementation.
<b>Documented Procedures &amp; Internal Controls</b>	Documented procedures necessary to conduct person-centered planning and evaluations that result in appropriate use of nursing homes.
<b>Work Plan for phase-in of procedures</b>	
<b>Nursing Home Placements</b>	Database to capture information on consumers who are currently in nursing homes, and a system to track evaluation, referral, admission and discharge to nursing homes.
<b>Training Curriculum</b>	Training to staff and providers to more conduct person-centered planning and on the criteria for use of nursing homes.
<b>List of Technical Assistance Resources</b>	Resources that can be used for technical assistance on the conducting independent evaluations and on person-centered planning.
<b>Phase III – Evaluate Policy Implementation</b>	
<b>Performance Measures</b>	Performance Measures to evaluate the effectiveness of the implementation and impact of service delivery changes.
<b>Recommendations</b>	Recommendations to improve the policy implementation process and the Policy on the Rights of Persons with Mental Retardation and/or Developmental Disabilities to the Provision of Services and Supports in the Most Integrated Setting.
<b>Strategies to Change Policy</b>	Strategies to incorporate recommendations into the policy and to implement the revised policy.